



PRE-ADOPTION FORM

**MILL POND VETERINARY CLINIC
2255 MILL POND ROAD
QUAKERTOWN, PA 18951
215-536-4443**

Date: _____

Name: _____

Address:

Street _____

City _____

Zip _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Mobile Phone: (_____) _____ - _____

Family Members who will be living with pet:

1. _____

2. _____

3. _____

4. _____

5. _____

Place of Employment: _____

Employer's Address: _____

Length of employment with current employer: _____

Please list your current Veterinarian's Name and Phone number:

How long has the above been your Veterinary place of service? _____



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Previous Veterinarian(s) if any:

Are you currently interested in a pet that we have for adoption?

If Yes, name of pet: _____

Do you presently have/own any other pets in your household? If yes, please describe:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Why do you feel this pet would be a welcomed member in your household?

Which family member will be responsible for this pet's following activities:

Feeding: _____

Brushing: _____

Walking: _____

Play time: _____

Medication: _____

Veterinary expenses: _____

Toys, Bones, pet bedding: _____



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What can you tell us about the breed you would like to adopt?

Administration Notes:

Interviewing adoption team employee: _____

First Meeting Date: _____

Observations: _____

APPROVED: YES NO

Notes: _____
